## EXECUTIVE LOBBYING EMPLOYER/PRINCIPAL 'S EXPENDITURE REPORT FORM 508

COVERING JANU	JARY I THROUGH JU JARY I THROUGH D	INE 30, <b>200 (</b> - DUI ECEMBER 31,	E AUGUST 15 DUE FEBRUA	RY 15	
Pursuant to ISA-R.S. 49, required by Title 49 on texercised this option by of their registered execu	enalt of <u>all</u> of its lobby; timely filing the Execut	ists. This reporting for	m is only to be used	hu principale	Expenditure Reports as or employers who have and are reporting on beha
Hand deliver or mail to: OR Pax to: (225) 763-87	2415 Queil Drive, 3 87 or (225) 763-8780	<sup>o</sup> Floor, Beton Rouge,	LA 70608		123 T
1. EMPLOYER/PRINCIP.	AI HEAHLCAR	Solutions,	110		FOR OFFICE USE ON Fostmank Date: 6 14
2. BUSINESS ADDRESS_	729 5 Acades Street and No.	ON Throway 7	.K., LA.	20806 Zip	E4 (08/06)
MAILING ADDRESS_	Screet and No.	City	State	Zip	3061258
3. CONTACT PERSON;_	Pelley	丁, Picet	Christopi	-	
4. MAILING ADDRESS_ (If different from above)	789 5. Acade Street and No.	AN Throway City	B. L. 4. State	70806 Zip	L
5. PHONE NUMBER	225) 387-942 Ares Code and	9 Phone Number	<del></del>		
6. List the names and exec	native lobbyist registrat	ion numbers of the lol	bbyists on whose be	chalf this repor	t is filed:
1) Name: Plley Last	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	First C.	hristopher	EXIEC.	ID.# 32
2) Name: Welch Last		Linda Flost		K. EXEC	.ID,# <u>.3/</u>
3) Name;				EXEC.	1D.#
;		First	,	AII	

4) Name:			EXEC.ID.#
Last	Pirst	МП	
5) Name:			EXEC_ID.#
Last	First	MI	
6) Name:			EXEC.ID.#
Last	First	MI	
7) Name:			EXEC.ID.#
Last	First	MΠ	
8) Name:	47		EXEC.ID.#
Last	Piret	ML	
9) Name:			EXEC.ID.#
Last	First	M	
10) Name:			EXEC.ID.
Last	First	М	
(Include expenditures from School  b. Total of all executive lobbying s	xpenditures made January 1 through June 30 Jules A and B) expenditures made July 1 through December enditures from Schedules A and B)		N/ A
c. Total of all executive lobbying of {!ine "a" added to Line "b" should	expenditures made during calendar year: å equal Une "c")	\$	<u> </u>
8. COMPLETE AN ATTACHMENT FO	ORM for each of your registered executive to	bbyiets.	
	CERTIFICATION OF ACCURA	ACY	
I hereby certify that the knowledge, information has been deliberately or —	information contained herein is true as and belief; and that no information renitted.    Mintel Pulley   Signature of Employer/Principal or R	quired by	y ISA-R.S. 49:71 et seq.
_	J. Christopher Pilley Print or Type Full Name	·	

Executive Lobbyist:	ley J. First	Christopher	Exec. Id #: _ мі	32
SCHEDULE A; 1	EXPENDITURES FO	OR EXECUTIVE	BRANCH OF	FICIALS
This schedule must be completed if, do executive tobbyists made either a) an a exceeding \$250 for any one executive expenditure(s) and the aggregate total tobbyist should have his own Schedule expenditures from the first half of the	expenditure for any executive bra c branch official during a report of expenditures made on that inc : A if one is required, NOTE: Rep	nch official exceeding \$50 : ing period, then you must lividual in that reporting po	on any one occasion or b) a provide the name of the P cried. Make as many conics	eggregate expenditures abbyist who made the
1. EXECUTIVE OFFICIAL'S NAME	2. OFFICIALS AGENCY AS LISTED IN THE EXECUTIVE BRANCH SCHEDULE	3. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU RITHER SPENT OVER 350 ON ONE DCGASION OR MADE EXPENDITURES EXCREDING \$250 BETWEEN JANUARY 1 AND JUNE 30	4. AMOUNT OF EXPENDITURES MADE ON AN OPPICIAL FOR WHOM YOU BITHER SPENT OVER \$50 CM ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$250 BETWEEN JULY 1 AND DECEMBER 31	5. TOTAL OF COLUMNS 3 AND 4
N/A				
•;;				
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11.00				
			<u> </u>	

Page <u>J</u> of <u>#</u>

Executive Lobbyist: Welch	Linda	K	Exec Id # .2/
Last	First	MI	Exec. Id #: 3/
SCHEDUI	E B: EXPENDITU	IRES FOR RECEDE	
more than twenty-five oversteen because	of your executive lobbyists exper	ided funds for any receptions, so	TONS, ETC.  coini gatherings, or other functions to whithe date of the event, physical location of the should have his own Schedule B if one
!. NAME(S) OF GROUP(S) INVITED	2. DATE OF RECEPTION	3. LOCATION OF RECEPTION	<u> </u>
r/A			
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